

~~CONFIDENTIAL~~

AGENT DUTY STATUS REPORT

Date: \_\_\_\_\_

TO: FINANCE DIVISION

Agent (pseudonym)

Project

Period

1. I certify that for the period from \_\_\_\_\_ to \_\_\_\_\_ this agent has fulfilled his obligations under his contract and is entitled to payment. During the period indicated the agent took

☐ Leave as follows:

☐ No leave.

2. Special Instruction:

If payment is not to be made in accordance with payments on file in Finance Division, indicate here the disposition to be made of payment and the name and extension of individual who will be responsible for making the payment.

\_\_\_\_\_  
Authorized Signature of Official  
to Certify Payment to Agents

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Form No. 59-24 (Rev.)  
March 1953